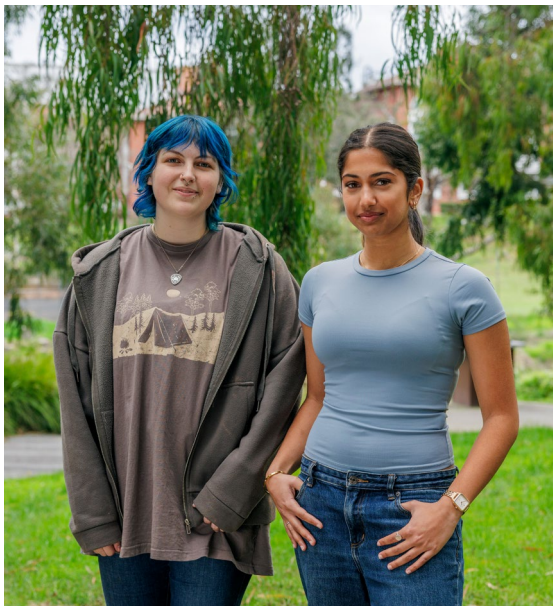
FOR MENTAL HEALTH CLINICIANS

CLINICAL PRACTICE POINT

NEURO-AFFIRMING CARE

AT A GLANCE

- Neuro-affirming care is an approach that recognises neurodiversity as a natural and valuable form of human variation. It upholds that all neurotypes are equal and worthy of respect. This approach focuses on understanding and meeting each individual's needs, honouring their authentic ways of communicating, behaving, and interacting, and supporting their wellbeing without seeking to change who they are.
- Previous medical models have focused on 'deficits', 'disorders', or 'symptoms', where differences were often viewed as a 'challenge' or something to be fixed. This framing has contributed to many people feeling stigmatised, alienated, and isolated.
- The social model of disability "promotes acceptance and support across the lifespan" (1), emphasising adjustments to the environment and supports for the individual, rather than expecting the individual to change.
- There is often a mismatch between neurotypical approaches to service design and delivery, and the needs of neurodivergent people, creating barriers to accessing appropriate and timely care. This highlights the importance of neuro-affirming supports that validate a person's authentic self, prioritise environmental adaptations, and focus on individual strengths (1).



"For me, the most important part of neuro-affirming care is that the person doesn't need 'fixing' they may just need support because their brain is different, not 'bad', just different."

YOUNG PERSON

Below are some common terms used in neuro-affirming care

NEURODIVERSITY

"Neurodiversity is the idea that all people have different ways of thinking and experiencing the world." (2). It recognises that neurological differences – such as autism and ADHD – are part of normal human diversity. The neurodiversity paradigm emphasises inclusion, respect, and appreciation of all neurotypes as equally valid ways of being.

NEURODIVERGENT

This term describes individuals whose learning, thinking or functioning falls outside neurotypical social norms. Previously, neurodivergent individuals were viewed as having deficits and in some cases, this belief and approach to care still exists today. Neurodivergence covers a range of differences, not just autism and ADHD. Other examples that are often associated with neurodivergence include: learning and intellectual disabilities, dyslexia, dysgraphia, dyspraxia, speech and language differences, foetal alcohol syndrome, and acquired neurodivergence such as traumatic brain injury and post-traumatic stress disorder. Essentially, neurodivergence means a person's brain works differently from what most people might expect (3). Many people identify as neurodivergent without a formal diagnosis based on their lived experiences and because of the significant systemic barriers that can limit access to assessment. Historically, research has underrepresented women, culturally-diverse individuals, and gender-diverse people, which has contributed to narrower diagnostic frameworks and made neurodivergent experiences more difficult to recognise across different groups.

AUTISTIC, AUDHD, ADHDER

Recent research on neurodiversity affirming language preferences "identity first" terms like "Autistic person" (capital A) because many Autistic people see autism as an intrinsic part of their identity, not something that they "have". "AuDHD" and "ADHDer" are community terms for someone who experiences both autism and ADHD, or ADHD only (4).

REJECTION SENSITIVITY DYSPHORIA (RSD)

This term refers to intense emotional distress which is caused by perceived or actual rejection, criticism, or disapproval. These experiences are often shaped by cumulative "biological and environmental factors" (5) such as differences in emotional regulation or childhood bullying, rather than being an inherent trait of a neurodivergent individual. It is important to note that RSD is not recognised as a diagnosis in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5-TR), however, it has helped many people make sense of their experiences by increasing self-awareness of triggers, reducing shame, and supporting effective coping strategies.

PATHOLOGICAL DEMAND AVOIDANCE (PDA)/PERVASIVE DRIVE FOR AUTONOMY

PDA refers to a neurodivergent profile in which everyday demands can trigger significant anxiety, distress and nervous system overload, leading to avoidance of those demands. This avoidance is not intentional opposition or lack of motivation, but rather a protective response to perceived loss of control or overwhelm (6). Some communities prefer the term Pervasive Drive for Autonomy, which avoids deficit-based language and better reflects the underlying need for safety and control. It is important to note that PDA is not recognised as a diagnosis in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5-TR) but is a concept that has helped many individuals and families to make sense of their experiences and better manage distress and avoidance.

NEURO-INCLUSIVE CARE

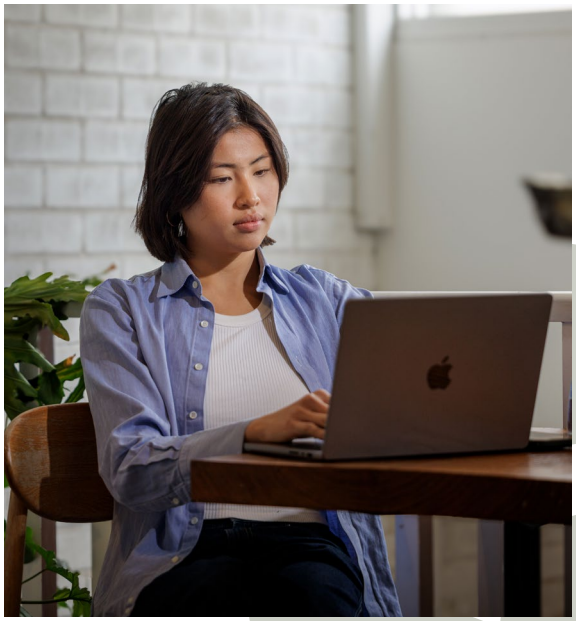
Neuro-inclusive care refers to practices, environments, policies, and systems designed so that people with diverse neurotypes can participate fully, without needing to mask or assimilate. It focuses on changing the environment, not the person. It is often used in workplaces, schools and service design (7).

DOUBLE EMPATHY THEORY

The Double Empathy Theory proposes that communication breakdowns between Autistic and non-Autistic people arise from mutual misunderstanding rather than a one-sided deficit (which is typically misattributed to Autistic people) (8). It argues that each group struggles to interpret the other's intentions, emotional cues, and communication styles due to differences in lived experience and social expectations. This reframes social misunderstandings as a reciprocal mismatch in understanding, not an Autistic lack of empathy.

EXECUTIVE FUNCTIONING

Executive functioning refers to the mental processes that support planning, organisation, task initiation, flexible thinking, emotional regulation, and working memory. Neurodivergent young people may experience differences in these areas due to variations in neurological processing, as well as increased **cognitive load** (the amount of mental effort required to manage tasks, sensory input, and social experiences) and **cognitive fatigue** (the exhaustion that follows sustained cognitive effort). These differences can make everyday activities – such as following multi-step instructions, transitioning between tasks, finishing activities, multi-tasking, or managing strong emotions – more challenging. A neuro-affirming approach recognises these capacity-based differences and focuses on reducing environmental demands, supporting regulation, and using strengths-based strategies to help young people participate meaningfully in their daily lives.



MASKING

Masking is a term often utilised in the Autistic community to "describe the suppression of aspects of self and identity" in order to better fit in with neurotypical expectations and avoid stigma (9). Autistic people may consciously or unconsciously mask because they do not feel safe or comfortable expressing themselves openly, leading them to modify behaviours such as eye contact, facial expressions, or stimming movements.

Masking requires significant cognitive, emotional, and physical effort, often resulting in exhaustion, burnout, and reduced capacity to participate fully in meaningful activities or relationships. It can also affect a person's sense of identity, contributing to feelings of disconnection, grief, or loss as individuals struggle to maintain a coherent sense of self (9).

TRAUMA-INFORMED CARE

Autistic people experience significantly elevated rates of trauma (10). Therefore, in order to provide neuro-affirming care, it is imperative for clinicians to practice according to trauma informed care principles. Trauma-informed care:

- *realises* the widespread impact of trauma and understands potential paths for recovery.
- *recognises* the signs and symptoms of trauma in clients, families, staff and others involved with the system.
- *responds* by fully integrating knowledge about trauma into policies, procedures and practices.
- seeks to actively resist *re-traumatisation* (11).
- Trauma-informed care seeks to provide an environment that encourages safety, trustworthiness and transparency, empowerment, collaboration and mutuality, voice and choice, and considers cultural, historical and gender issues (12).

Further information regarding trauma and trauma informed care can be found on the Orygen website: **Trauma - Orygen, Revolution in Mind**

IDENTITY

There can be differences in how individuals choose to identify themselves amongst the broader community. For example, some people prefer to use identity-first language (i.e. Autistic/Autistic person), however, other individuals prefer person-first phrasing like “person with autism”. There is no right or wrong way to identify – this is a deeply personal choice and should always be guided by how the individual wishes to identify and express themselves.

For the purposes of this document and following consultation with a range of sources including youth advisory committees, we will use **identity-first language.**

STATISTICS AND INSIGHTS

Aspect (Autism Spectrum Australia) have estimated that one in 40 people in Australia are diagnosed as autistic (13).

Research shows 95.7% of neurodivergent adults believe accessible, affirming psychoeducational materials would have benefited them in childhood (14).

Neuro-affirming psychoeducation improves young people’s self-understanding, communication, and confidence in self-advocacy (14,15).

WHAT IS NEURO-AFFIRMING CARE?

This approach is a way of working, not a specific type of therapy. It’s about building real, respectful relationships with young people and having a strong understanding of neurodivergence that is shaped by lived experiences. The aim is to adjust supports offered, so it fits each young person’s needs and preferences, rather than expecting the young person to change who they are or how they interact.

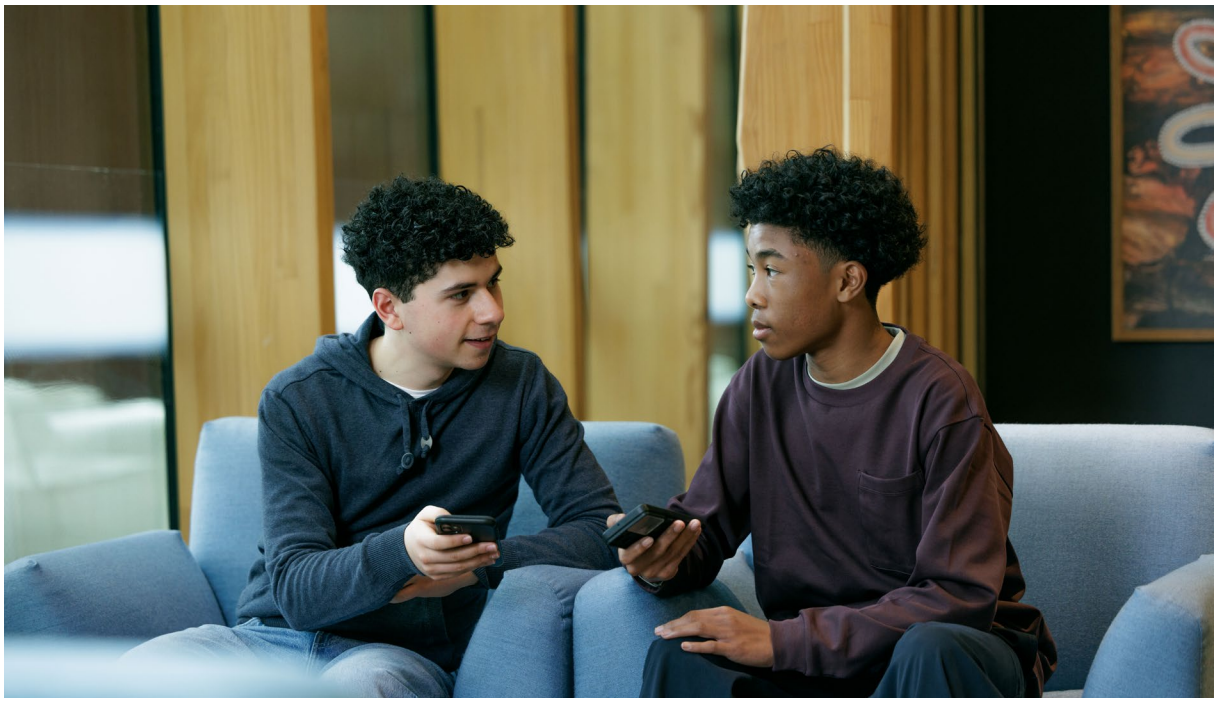
Clinicians are encouraged to keep learning from neurodivergent people and grow their understanding of both community perspectives and individual experiences. A neuro-affirming approach is grounded in honesty, kindness and acceptance of the many different ways young people think, feel and engage with the world. It is also important to recognise that, especially for neurotypical clinicians, they may not fully understand every person’s unique experience; however, they can remain open, curious, and committed to learning in order to support the young people they work with.

When young people feel safe, understood and accepted, they are better able to explore who they are and feel confident being their true selves (1).

> “I find sensory toolkits useful at times when I am struggling to think of a way to meet a need especially when I am overwhelmed.”
>
> YOUNG PERSON

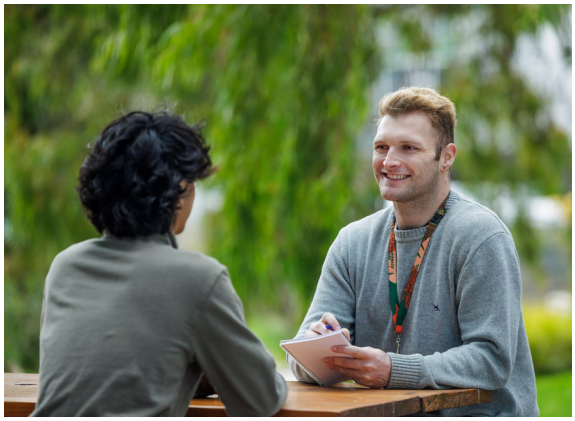
NEURO-AFFIRMING PRACTICE IS GROUNDED IN SEVERAL KEY PRINCIPLES

PRINCIPLES	CONSIDERATIONS
A commitment to ongoing learning about neurodivergence	Clinicians are encouraged to actively build and update lived-experience-informed and evidence-based knowledge of neurodivergence, including trauma-informed care, sensory needs, masking, and the impacts of non-affirming approaches across the lifespan. In addition to this, it is important to recognise the limits of clinical approaches and assessments and to prioritise Autistic-led/neurodivergent resources and refer/collaborate as needed.
Safety to be their authentic self	Create sensory-friendly therapeutic spaces, welcome stimming/movement, use client-preferred language/pronouns (i.e. identity-first or person-first language), support safe un-masking, and pace sessions to build trust at the individual's rate.
Finding the best way to communicate	Proactively adapt to individual communication styles (e.g. clear/direct language, visual/written aids, no pressure for eye contact - all dependent on the young person and their preferences), allow processing time, and involve families/carers/support people with consent where required.
Authenticity in practice	Be genuine and curious about the young person, be compassionate and reflective, relate as fellow humans within the context of a therapeutic setting, openly admit to any potential limitations ("I don't know"), welcome feedback, and repair with humility.
Validate lived experiences	Believe and value a young person's account of their own experiences, treat young people/families as experts in their own lives, challenge deficit-based assumptions, and recognise distress/sensory overwhelm.
Person-centred support	Collaboratively tailor goals, and make accommodations and adaptations according to individual needs, strengths, and interests (e.g. predictable routine, low sensory environment, visual aids, talking about their passion).
Genuine acceptance and appreciation of the neurodivergent community	Embrace neurodivergence as a valid neuro-variance with strengths and culture, avoid pathologising, and actively counter ableism in practice and systems (1).



WHY IT MATTERS TO YOUNG PEOPLE

- **Increasing self-acceptance:** Neuro-affirming approaches help young people better understand themselves, leading to higher self-acceptance and confidence (14).
- **Reducing stigma:** Affirming their neurodivergent identity allows for further consolidation of the individual's life experience which often supports their mental health journey (14).
- **Empowering self-advocacy:** Neurodiversity-affirming support means listening to neurodivergent people and helping them understand the kinds of help and adjustments available to them. It also teaches skills for speaking up about their needs with more confidence. By recognising young people as experts in their own experiences, this approach helps them understand themselves better and feel more in control of their lives (1).
- **Supporting mental health:** Neurodivergent young people often face higher risks of anxiety, depression, and social isolation – affirming care can bolster resilience and reduce these risks. It can also help young people feel supported, making them more likely to seek help when they need it (1).



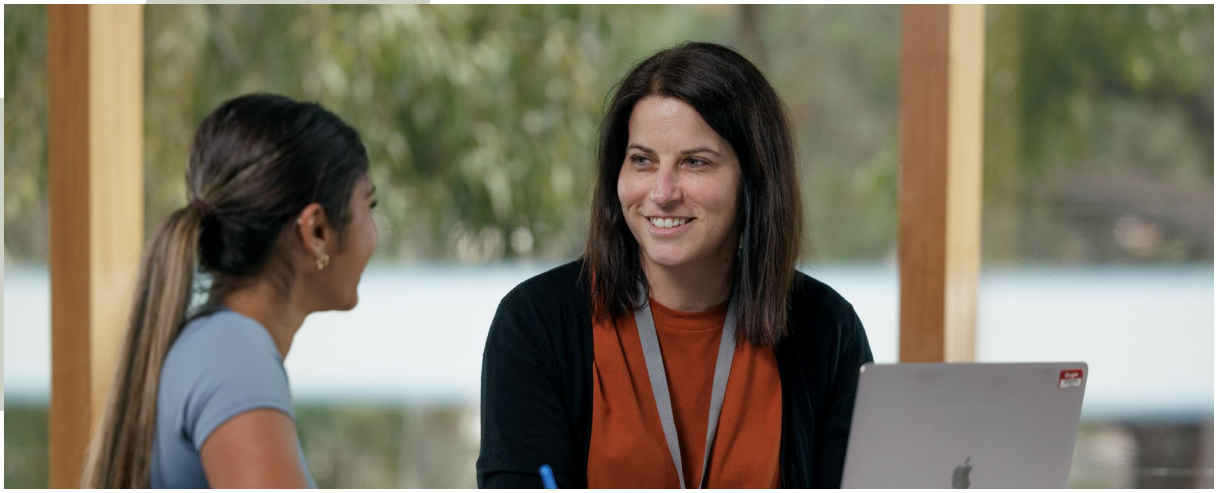
WHAT IS WHOLE OF SELF-AFFIRMING CARE?

Whole of self-affirming care indicates "the ability to safely talk about and express all aspects of who you are, if you want to, and be received with affirmation and validation by the service".(16) Examples may include, but are not limited to:

- Identities (e.g. gender, sexuality, neurodivergence, racial/ethnic background, multifaith).
- Communities (e.g. online communities, queer/trans communities, body modification communities).
- Interests (e.g. gaming, music, art, history, soft toys, plushies, nature).
- Experiences (e.g. living/lived experiences of disability, chronic pain, chronic health conditions, homelessness).
- Values (e.g. social justice, human rights, intersectionality, anti-oppression, freedom, respect). (16)

Neurodivergent young people are more likely to be gender diverse (16) and many experience additional barriers related to communication differences, masking and heightened vulnerability to distress when their identity is invalidated or misunderstood.

Clinicians are encouraged to adopt a whole of self-affirming approach that respects each young person's self-identified identity and value (inclusive of name and pronouns). The exploration of gender may be fluid, may change over time and may be communicated in diverse ways, including non-verbal or indirect communication.



USING A NEURO-AFFIRMING APPROACH IN PRACTICE

Here are some phrases that could be adopted as a clinician when communicating with young people who identify as neurodivergent.

- Neurodivergence means your brain works in a unique way – different doesn't mean less.
- Being neurodivergent means you might think, learn, or experience the world differently, which can be a strength.
- It's okay to ask for support that fits your style – like using visuals that make sense to you or taking breaks when you need.
- You have the right to speak up about what helps you feel comfortable and understood.
- Your differences are a part of who you are and embracing them can help you build confidence and find your own path.

NEURO-AFFIRMING CARE IN A YOUTH MENTAL HEALTH SETTING

BARRIERS TO ACCESSING MENTAL HEALTH CARE

Unfortunately, there can be barriers to accessing mental health care for individuals who identify as neurodivergent. The following areas have been identified as common barriers that young people may face:

Lack of knowledge about neuro-affirming care, limited training in neurodivergence, or clinicians being unsure of how to adapt therapeutic approaches can significantly hinder effective practice. Furthermore, clinicians may overlook or dismiss requests for environment adaptations or may fail to adjust their own personal style in order to meet the person's needs.

- Systemic issues can often arise, including long waitlists to see a clinician, fragmented services (i.e. being referred to different services, the young person having to repeat their story and/or not meeting eligibility criteria to engage in a service) and funding limitations (17).
- Individuals may experience challenges in self-advocacy and communicating their needs, either due to uncertainty about how to express them or because they are not given the opportunity to do so. Self-advocacy can be a powerful tool for young people; however, without appropriate support and accessible communication opportunities, attempts at self-advocacy can be distressing. Clinicians play a critical role in supporting self-advocacy, adapting communication methods, and ensuring that the young person's voice is heard (17).

WHAT DOES THE EVIDENCE SAY?

- Studies show that when clinicians are flexible, provide continuity of care, and work from a neuro-affirming lens, families and young people feel more supported, and in turn, are able to achieve better health outcomes (17).
- Improvement in mental health outcomes for neurodivergent individuals requires not only effective interventions, but also changes to service design, professional development training, and access to support pathways to ensure care is accessible and inclusive (17).

ASSESSMENT AND FORMULATION

- During the information-gathering stage, ensure that strengths and interests are identified across a range of environments. Ensure that these strengths and interests are documented and revisited regularly so that they can be effectively incorporated into the therapeutic approach.
- Where possible, offer flexible assessment modalities to accommodate different communication and executive functioning needs. Considerations include options for written responses, utilising visual communication supports, completing questionnaires in the young person's own time rather than in a clinic setting, allowing for scheduled or regular breaks, engaging in the assessment over several shorter sessions.
- Actively consider autism, ADHD, learning differences, and other types of neurodivergence when supporting young people who present with mental health conditions, recognising the high rates of co-occurrence and the risk that neurodivergence may be overlooked.
- When reporting, avoid pathologising narratives. Integrate the young person's neurodivergence into their formulation and create recommendations that harness their strengths and interests, and emphasise accommodations to the environment, rather than changing the person.
- Be curious about experiences of masking for all neurodivergent young people. Pay particular attention to this for females and gender-diverse young people, as research shows these groups engage in masking at higher rates, contributing to elevated mental health difficulties (18). For young people from culturally-diverse backgrounds, experiences of masking may also be influenced by cultural expectations and pressures to fit in (19). Identifying masking can support goal-setting around 'safe unmasking' when desired and appropriate.
- Ensure that recommendations are planned, applied, and reviewed across all relevant settings – such as home, school, community, and online – because young people may not automatically generalise strategies from one context to another. Tailor supports to the specific demands of each environment, noting that expectations, sensory inputs, social and communication cues, and the degree of masking can all alter how needs present and how well strategies work.
- Co-create the formulation with the young person wherever possible. In many mental health settings, formulations are developed without meaningful involvement from the young person or their family. Including the young person at each stage of their mental health journey supports autonomy, understanding, and self-awareness. Some individuals may not want to be a part of this process, however, offering flexible options and opportunities for participation is always a good idea.
- The language clinicians use plays a critical role in building rapport, meeting the needs of young people and their families, and creating a sense of safety and comfort within therapeutic relationships. Language that is deficit-focused can unintentionally pathologise neurodivergent experiences. The examples below highlight commonly used terms and offer neuro-affirming alternatives that neutrally describe experiences and support understanding.

✗ **"Poor eye contact"**

✓ "Finds direct eye contact too intimate and is more comfortable looking away", "Can concentrate better in conversation when they focus on their hands".

✗ **"Restricted interests" or "Obsessive interests"**

✓ "Deep focus on …", "Passionate about …", "Expert on …"

✗ **"Lacks social skills" or "Social deficits"**

✓ "Does not enjoy small talk and prefers to speak about …", "Interrupts in conversation because she is worried she will forget what she wanted to say".

✗ **"Non-compliance"**

✓ "Regains some autonomy by taking time out".

✗ **"Poor emotional insight"**

✓ "Differences in interoceptive awareness".

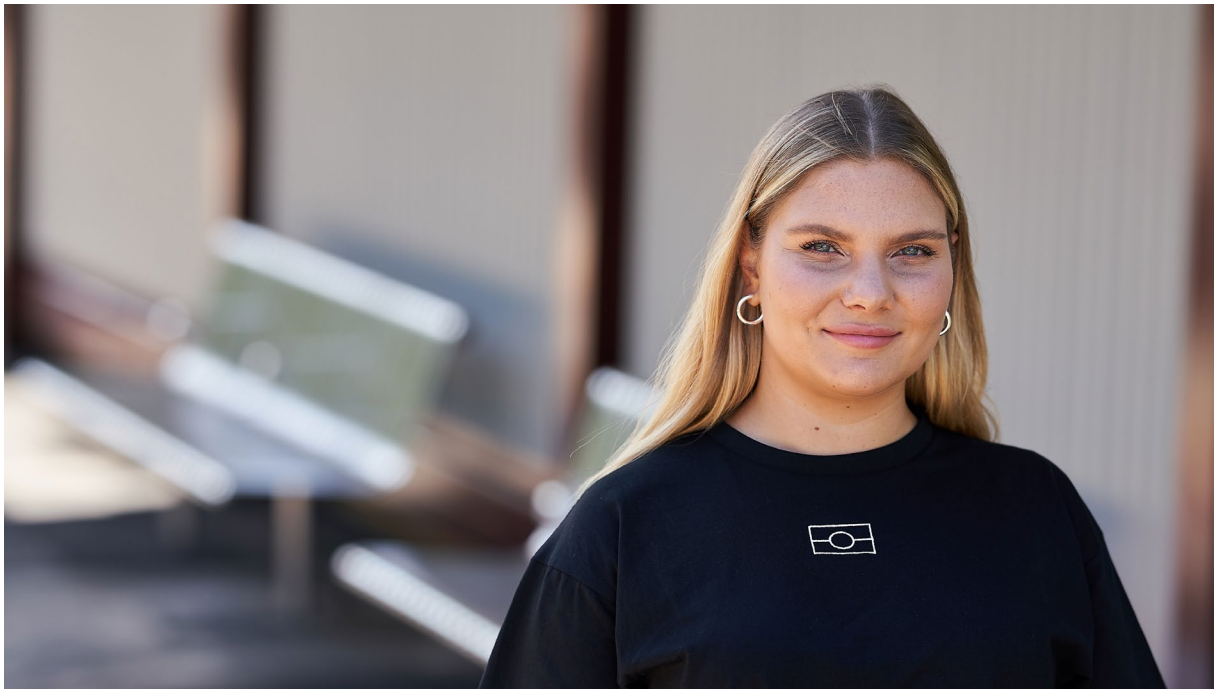
ADAPTING THERAPY SESSIONS

- Consider the **sensory** experience in the therapy room (e.g. seating options, lighting, fidgets, colouring in, encouraging stimming if this is comfortable). Considerations for each sensory system have been provided under the 'sensory considerations' section of this document. Please refer to **Orygen's Sensory Toolkit** for more in-depth information on implementing sensory strategies in clinical settings.
- Consider communication adjustments such as offering options to type, draw, or use visual schedules or cue cards rather than relying solely on verbal communication. Encourage young people to engage in ways that feel comfortable, including not requiring eye contact or sitting side-by-side. Use direct language and minimise abstract expressions (e.g., "We need to read between the lines"), as these can be confusing and may unintentionally create ruptures in rapport. For further information regarding strategies to support different communication needs, please refer to Orygen's Communication resources:
  - **Communication Support Needs in Youth Mental Health (Speech Pathology Australia x Orygen)**
  - **How to Support Young People with Communication Support Needs (CSN) in Mental Health Settings**
- Offer a **clear menu of accommodations** that are available to **all** young people, presented in multiple accessible formats such as visuals, alternative communication options, and easy-read materials.
- Provide **surveys** or other **feedback** opportunities that allow young people and their families to share their experiences and shape the service in an ongoing way. This supports continuous improvement and strengthens neuro-affirming practice. Feedback from the neurodivergent community is essential to ensuring that their needs are understood, respected, and embedded in service design.

SENSORY CONSIDERATIONS

These are suggestions and may not suit all therapeutic spaces. Sensory needs can vary widely – there is no one-size-fits-all approach. It is important to explore each young person's individual preferences to ensure their unique needs are understood and supported. Please use clinical judgement when assessing risk and making adaptations to the environment or providing items in the therapy space. If you feel that a young person may benefit from further assessment of their sensory needs, please discuss with them the option of a referral to an occupational therapist. Occupational therapists can provide assessment, intervention and recommendations to support sensory needs, including environmental adaptations that support meaningful and safe participation at home and in the community. If a young person is wishing to explore their sensory preferences further, we recommend referring to the **Sensory Toolkit**.

> "It's not a one size fits all and you may find similarity with a sensory method but you don't have to exactly match it"
>
> YOUNG PERSON

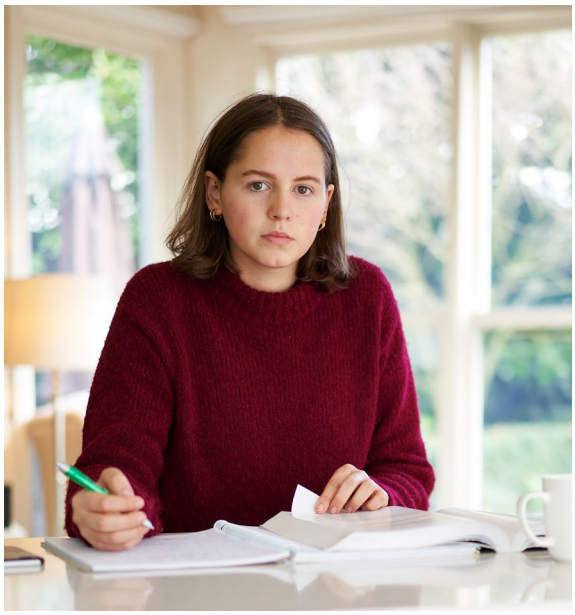


SENSE	ADAPTATIONS
Auditory (sound)	• Reduce background noise where possible (e.g. by installing soft furnishings, acoustic panels, door seals) and avoid loud televisions or music in shared spaces. Please note: it is also important to consider **risk** when setting up the environment to encourage neuro-affirming practice and to ensure that safety precautions for staff, young people and their families are also considered. • Where appropriate, consider whether music may support rapport-building by inviting the young person to share their preferences and, if welcomed, incorporating preferred background music into the therapeutic environment (for example, asking about their favourite band/artist and playing this in the environment). • Offer a range of noise-reducing options, such as access to quiet rooms, white-noise machines, or disposable earplugs, to support sound-sensitive individuals. Where appropriate, provide the option to use noise-cancelling headphones during assessments, provided this does not impact assessment results. • Consider other sensory inputs if sound is unable to be completely removed, including using visual supports, timers and cards to facilitate conversations. Over or under stimulation of a particular sense can occur and thus it is important to plan with a young person how they may best participate and communicate in these instances.
Visual (sight)	• Use softer, nonflickering lighting (warm, dimmable lights; minimal harsh fluorescents) and avoid very bright lights. In these cases, consider whether therapeutic support could be provided in another space such as another room or outdoors. • Consider the environment. Is the space visually demanding? Consider walls and noticeboards and determine what is necessary and essential to have on the walls and what isn't. Ensure that signage is clear (particularly for young people who have not visited the service before) and allow for the use of visual schedules (for collaborating around what the session will cover), cue cards or other visual supports are offered as alternate ways of communicating. • When providing recommendations, ask the young person and/or the family how best to present information and recommendations. I.e. would factsheets be appropriate, or would a more condensed visual tool be appropriate? Consider how the information is presented.
Tactile (touch)	• Provide a range of safe textures, like soft cushions, weighted blankets (please be mindful that weighted blankets need to be no more than 10 per cent of the person's body weight) or lap pads, weighted toys, fidget tools, or textured objects, for young people to use as they need. • Make sure everyday materials (chairs, blankets, flooring) are comfortable and not scratchy or irritating and keep options available for those who prefer minimal touch input. Enquire with the young person about their tactile preferences and discuss possible accommodations and explore what may not be altered.
Olfactory (smell)	• Ask about olfactory preferences, discuss if there are accommodations that could occur, such as having non scented tissues available during a session. • Consider aspects of the room, are there certain fragrances that are sprayed in the room and if so are they able to stop if required? • Consider wearing non-scented or lightly scented fragrance/body spray, especially if the young person has identified that it causes them discomfort or overwhelm.

SENSE	ADAPTATIONS
Gustatory (taste)	• Provide access to plain, neutral-tasting water to encourage hydration without strong or unfamiliar tastes. Offer no more than two options and be sure to liaise with the young person about their preferences. • Allow for food to be present in the session if this is regulating and appropriate for the session. Consider allowing young people to bring preferred snacks or provide options that respect dietary restrictions and sensory preferences.
Vestibular (movement/ balance)	• Consider setting up the space to have different seating options, such as sturdy rocking chairs, balance balls (gym balls), or large cushions in a quiet corner for gentle forward-back or side-to-side rocking, which provides calming vestibular input. • Designate a clear, open path or opportunity for movement, where young people can walk, march in place, or do slow stretches (like reaching arms up and down) to activate vestibular sense safely indoors. • Incorporating movement into a session can be both regulating but also provide opportunities for break, facilitate impromptu discussion about strengths and interests and can support in reducing potential overwhelm. • Consider whether sessions need to take place exclusively within the clinic setting. Where appropriate, options such as a short walk or sitting outside may support comfort, promote variety in sessions, and increase engagement by offering a more relaxed and less demanding environment.
Proprioception (body-position awareness)	• Offer self-directed deep pressure via squeezing a stress ball or rolling up in a blanket for calming input, consider providing a weighted toy or blanket for additional input (keep in mind 10 per cent body weight rule). • Play materials such as Theraputty that provide opportunities to strengthen hand muscles and provide tactile and proprioceptive feedback. This can also serve as a fidget toy option.
Interoception (internal body feelings)	• Guided activities that help young people notice their breath's rhythm and depth, such as slow breathing, belly breathing, progressive muscle relaxation or using apps or videos for breath tracking. • Short guided mindfulness or meditation exercises that encourage scanning attention through body parts to notice sensations (e.g., tension, warmth, heartbeat). • Encouraging regular check-ins with thirst and hunger signals, perhaps with prompts or journals to help young people notice and respond to basic body needs.

GOAL SETTING AND INTERVENTIONS

- Co-produce goals with young people and their families/support people that prioritise quality of life, including safety, sensory comfort, authentic relationships, and participation in school or work on the young person's own terms. Goals should explicitly avoid reinforcing masking or expectations to "appear more neurotypical".
- Be explicit and clear about goal setting. This includes outlining the purpose of goals (e.g. they can guide therapy), why goal setting may be helpful (e.g. how they can benefit the young person), and any systemic or organisational requirements relating to goals and interventions (e.g. the maximum number of sessions). While goals can sometimes feel like a measure of "success," it is often more

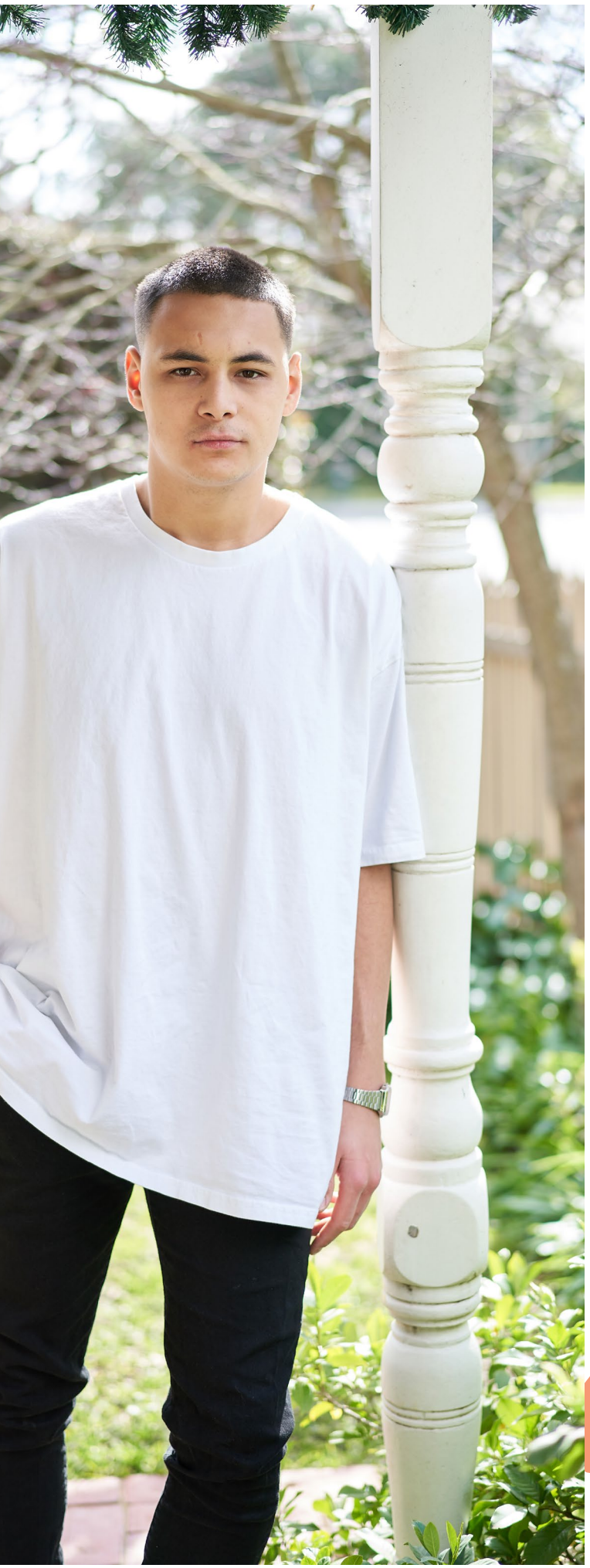


helpful to focus on how goals are identified and approached. Linking goals to the young person's values – what truly matters to them – can guide more meaningful and sustainable pathways forward. Exploring different strategies or routes to a valued direction can better support the young person in working toward what they care about. It is also important to emphasise that not reaching a goal does not indicate failure, rather, it provides an opportunity to revisit their values, reconsider priorities, and adjust the goal or the approach in a way that feels more aligned and achievable.

- Explore strengths and abilities when setting goals and utilise these as assets when engaging in therapeutic treatment. By actively using strengths, individuals can feel more supported, increasing their confidence and motivation and may be more likely to engage in treatment. For example, if a young person is skilled at drawing and prefers visual learning, you might work with them to create a visual map with concrete steps toward their stated goal.
- Understanding a young person's sensory needs and finding practical ways to meet those needs in daily life, can also form a meaningful and functional goal of therapy. Refer to an occupational therapist if further support for sensory processing is required.
- Integrate the young person's interests into therapeutic work to support engagement and connection (e.g. being curious about their passion), and in developing skills. For example, if a young person is passionate about gaming, you might build an "inventory" of coping tools – like noise-cancelling headphones, a break card, or a help script – and practise when to "equip" each item in real-life situations.
- Connecting with other neurodivergent young people can be a meaningful goal for therapy that may support mental health. Research has found that Autistic people prefer interacting with other Autistic people, experience closer social connection with them, and experience more effective communication (20,21) relationships and close family bonds, despite the clinical characterisation of autism as a condition negatively affecting social interaction. Many first-hand accounts of autistic people describe feelings of comfort and ease specifically with other autistic people. This qualitative research explored and contrasted autistic experiences of spending social time with neurotypical and autistic friends and family. In total, 12 autistic adults (10 females, aged 21-51. Support the young person to connect with other young people with similar experiences (e.g. I CAN Network).
- Progress is often not linear and can change depending on what is happening in a young person's life. Regular check-ins and a flexible approach to session planning and environmental supports can help ensure therapy remains relevant and responsive to what the young person is experiencing. At the same time, periodically revisiting goals helps prevent the work from drifting without direction, ensuring that even as new issues arise, sessions remain connected to the young person's broader values and intentions and that goals can be meaningfully updated when needed.

COLLABORATION, TRAINING, LIVED EXPERIENCE AND REFERRAL

- Seek **supervision** and **training** specifically in neurodiversity-affirming practice. If you would like further information about neuro-affirming care, there are several organisations that provide useful resources and guidance.
  - Reframing Autism | Celebrating & nurturing Autistic identity
  - Neurodiversity-affirming practice in community mental health services | Australian Institute of Family Studies
  - Yellow Ladybugs
  - Amaze – Creating an autism inclusive Australia
  - Aspect Australia | Autism Spectrum Australia (Aspect)
  - Divergent Futures
  - Neurodivergent Insights
  - Autism Understanding



- Ensure that lived-experience voices are actively involved in guiding policy and procedure, promoting a consistent neuro-affirming approach across the service while still allowing flexibility to meet individual needs.
- Include the young person in decision making where appropriate. Some young people may not wish to be involved in all aspects of their care, however, others may wish to be. It is important to consult the young person to determine what they are most comfortable with.
- Include families and carers while keeping the young person at the centre of decision-making. Connect with schools, peer groups, and community organisations to promote consistent messages of acceptance and use of accommodations/strategies across settings. Even when legal consent is not required, it is best practice to seek the young person's consent (or assent) before involving others in their care.
- When referring to other services, always ask the young person and family how involved they would like to be in the process. Some individuals may want to participate but others may request the support of the clinician to ensure effective communication between organisations.

IN SUMMARY

Neuro-affirming care is an approach that recognises neurodivergence as a natural and valuable form of human variation and upholds that all people have the right to have their needs understood and respected. Using this lens in clinical work creates opportunities to honour each person's authentic ways of communicating, learning, interacting, and behaving. Historically, mental health settings have relied heavily on medical models that emphasise 'disorders' and 'deficits' and tried to 'normalise' neurodivergent experiences rather than respecting difference and adapting practice accordingly. By utilising the social model of disability, the focus shifts toward adjusting the environment and providing supports that enable the individual to thrive. This includes acknowledging and minimising systemic barriers that may limit access to services. As health professionals, we are responsible for reducing these barriers and tailoring our practices to each individual's needs, while maintaining a strengths-based and person-centred approach.

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